

**Outpatient Hospital Capped Fee Schedule Project Development
Status Report
Health Plan/Program Contractor _____
As of: _____**

Tasks & Milestones	Targeted Latest End	Health Plan Proposed Begin	Health Plan Proposed End	Status
Requirements Definition	12/1/2004			
<input type="checkbox"/> Definition Completed				
<input type="checkbox"/> Contract/Scope of Work Agreement Executed with Vendor				
<input type="checkbox"/> Detailed Schedule Completed				
Design	1/31/2005			
<input type="checkbox"/> Design Specifications for Changes Completed				
System Development	3/31/2005			
<input type="checkbox"/> Development Completed				
<input type="checkbox"/> Unit/System Testing Completed				
Acceptance Testing	4/30/2005			
<input type="checkbox"/> Acceptance Test Plan Completed				
<input type="checkbox"/> Test Data Defined				
<input type="checkbox"/> Acceptance Testing Started				
<input type="checkbox"/> Acceptance Testing Completed				
Policies and Procedures				
<input type="checkbox"/> Policies and Procedural Changes Defined				
<input type="checkbox"/> Billing Procedures Updated as Required				
<input type="checkbox"/> Internal Training Completed				
Trading Partner Testing w/Hospitals	6/30/2005			
<input type="checkbox"/> Testing Schedule Completed				
<input type="checkbox"/> Scope of Test Defined				

1/3/2005

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As of: _____

Tasks & Milestones	Targeted Latest End	Health Plan Proposed Begin	Health Plan Proposed End	Status
<input type="checkbox"/> Testing Started				
<input type="checkbox"/> Testing Completed				
Trading Partner Testing w/AHCCCS				
<input type="checkbox"/> Test Data Defined				
<input type="checkbox"/> Testing Started				
<input type="checkbox"/> Testing Completed				
Implementation of Changes	7/1/2005			
<input type="checkbox"/> Production Files/Tables Built				
<input type="checkbox"/> Software Changes Implemented				
<input type="checkbox"/> Initial Production Cycles Completed				

Issues	Targeted Resolution	Status Date	Status	Comments
1.				
2.				

To the best of my knowledge all changes are being made to support a 7/1/2005 implementation.

Health Plan/Program Contractor Project Manager:

Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

To be updated bi-monthly via email status. Will be used in conjunction with contingency planning.

1/3/2005

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